

## REQUEST FOR SUSPENSION FORM

<b>Mail or Fax a copy of this form to:</b>  <b>Public Service Commission of South Carolina Clerk's Office</b> <b>101 Executive Center Dr., Ste 100</b> <b>Columbia, S.C. 29210</b>  <b>PHONE (803) 896-5100</b> <b>FAX (803) 896-5199</b>	<b>Need Assistance with completing the Form?</b>  <b>SC Office of Regulatory Staff</b> <b>Transportation Department</b>  <b>PHONE: (803) 737-0800</b>
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DATE:

2/7/20Please consider this as my Request for **Suspension** of:

- ☐ Class C Taxi Certificate Number \_\_\_\_\_  
☐ Class C Charter Certificate Number \_\_\_\_\_  
☐ Class C Charter Bus Certificate Number \_\_\_\_\_  
☐ Non-Emergency Certificate Number \_\_\_\_\_  
☒ Class E Household Goods Certificate Number 9767  
☐ Class E Hazardous Wastes Certificate Number \_\_\_\_\_

RECEIVED

FEB 10 2020

PSC SC  
MAIL / DMS

I request that my certificate be suspended until

6/1/20

Date: (mm/dd/yyyy)

Asht<sup>s</sup> Apt. Movers

(Name of Company)

D/B/A

same

(if applicable)

900-C Bacon Bridge Rd

(Street and or Mailing Address)

Sommerville SC 29485

(City, State, Zip Code)

843 460 8764

(Telephone Number)

Tracy L Davis

(Signature and Title, i.e., President, Owner)

Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

## Reason for Request for Suspension of Operations:

Due to my sister having Stage IV Breast Cancer, I have been traveling to Duke alot and missing work. This has caused me to fall way behind on my admin responsibilities as it pertains to my moving. I am very sorry and will do better this summer once we get her stabilized.